

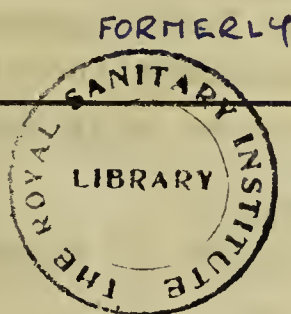
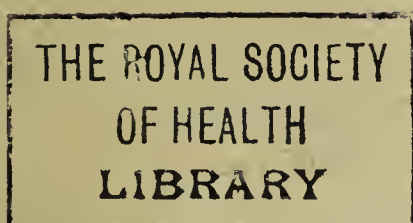
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PARLIAMENT OF TASMANIA.



DEPARTMENT OF PUBLIC HEALTH.

REPORT FOR THE PERIOD 1ST JANUARY, 1949, TO 30TH JUNE, 1949.

Presented to both Houses of Parliament by His Excellency's Command.

REPORT OF THE MINISTER FOR HEALTH FOR THE PERIOD 1ST JANUARY, 1949, TO 30TH JUNE, 1949.

To His Excellency Admiral Sir THOMAS HUGH BINNEY, Knight Commander of the Most Honourable Order of the Bath, Companion of the Distinguished Service Order, Admiral on the Retired List of the Royal Navy, Governor in and over the State of Tasmania and its Dependencies, in the Commonwealth of Australia.

YOUR EXCELLENCY:

I have the honour to submit the Report of the Department of Public Health for the period 1st January, 1949, to 30th June, 1949.

I have the honour to be,

Your Excellency's Obedient Servant,

R. J. DAVID TURNBULL, Minister for Health.

April, 1950.

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TABLE OF CONTENTS

	PAGE.
Introduction	3
Legislation	3
Temporary Assistance	3
Staff	3
Section I.—Report of Director of Public Health including— Appendix I.—Chief Health Inspector Appendix II.—Government Analyst	4
Section II.—Report of Director of Hospital and Medical Services	9
including— Appendix III.—Nurses' Registration Board	
Section III.—Report of Director of Tuberculosis	15
Section IV.—Report of Director of Mental Hygiene	18
including— Appendix IV.—Mental Deficiency Board Appendix V.—State Psychological Clinic	
Section V.—Vital Statistics Supplied by Deputy Commonwealth Statistician	19

TABLES.

A.—Notifiable Infectious Diseases	4
B.—Venereal Diseases	5
C.—Child Welfare	5
D.—G.—Infantile Mortality	5-6
H.—School Dental Service	7
I.—Public Hospitals	9
J.—K.—Private Hospitals	11
L.—Bush Nursing	12
M.—Government Medical Service	13

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Report of the Secretary for Public Health for the Period 1st January, 1949, to 30th June, 1949.

Department of Public Health,
Hobart, 21st April, 1950.

SIR,

I HAVE the honour to present the Report of the Department of Public Health for the period 1st January, 1949, to 30th June, 1949.

The practice in the past has been to submit reports on Departmental activities for each calendar year, but, in accordance with instructions, all future reports will deal with financial years, which will provide a better comparison of data with particular reference to financial matters.

It is desired to acknowledge the valued co-operation of members of the Directorate, whose reports are submitted separately under the various sections set out below, together with vital statistics supplied by the Deputy Commonwealth Statistician:—

Section I.—Report of Director of Public Health:

Section II.—Report of Director of Hospital and Medical Services:

Section III.—Report of Director of Tuberculosis.

Section IV.—Report of Director of Mental Hygiene:

Section V.—Vital Statistics supplied by the Deputy Commonwealth Statistician.

LEGISLATION.

Tuberculosis Act, 1949.—The introduction of an Act to regulate the examination of persons suffering or suspected to be suffering from tuberculosis, to prevent the spread of the disease, and requiring all persons over fourteen years of age to undergo radiological examination of their lungs at such times as may be specified, marks a very definite step forward in the fight against tuberculosis in this State.

An agreement has been entered into between the State and Commonwealth Governments with regard to maintenance and loan financial assistance, which should prove a completely satisfactory arrangement.

TEMPORARY ASSISTANCE.

Considerable difficulty is experienced in all branches of the Department in obtaining applicants eligible and willing for permanent appointment, consequently it is necessary to employ a large amount of temporary assistance. Many employees remain for a short period only, and then resign to accept employment elsewhere. This is due mainly to the fact that there are more positions offering throughout the Commonwealth than can be filled.

Notwithstanding the liberal conditions appertaining to the Government Medical Service, it is not possible to obtain sufficient medical officers to fill vacant positions.

Due to the general shortage of nurses throughout the State, the Department is forced to advertise in the mainland press for sisters for Bush Nursing Hospitals. Many of these sisters remain for a few months only, and then return to their home States.

STAFF.

During the period under review Dr. J. Kennard arrived from England to take up appointment as School Medical Officer. Another appointment was that of Dr. A. H. M. Oakes as Medical Officer to the Tasmanian Sanatorium. This was a new position, there having previously been only one medical officer at the institution, viz. the Medical Superintendent. There was also a new position of Pharmacist created at Lachlan Park Hospital, to which Mr. V. G. Fox was appointed.

I should like to take this opportunity of expressing my appreciation of the services rendered by individual officers of the Department during the period covered by this report.

My thanks are also due to officers of other Government Departments for assistance so readily given at all times.

I have, &c.,

P. A. DRISCOLL,
Secretary for Public Health.

The Hon. the Minister for Health.

SECTION I.—REPORT OF DIRECTOR OF PUBLIC HEALTH FOR SIX MONTHS ENDED
30TH JUNE, 1949.

VITAL STATISTICS.

The following figures, extracted from the quarterly reports issued by the Commonwealth Bureau of Census and Statistics, Hobart, show that the total births for the half-year numbered 3324, indicating that the birth rate in Tasmania for the first six months of 1949 was 25·31 per 1000 population, as compared with 26·51 per 1000 for the first six months of 1948. On the other hand, the death rate was 8·38 per 1000 population, as against 9·33 per 1000 in the corresponding period of 1948. These figures will show some variation from those in Section V. of this report, in which the rates are based on the average population during January to June, 1949. Such half-yearly figures do not present the same picture as that seen in the 1949 calendar year.

Stillbirths.—There were 88 stillbirths, corresponding to 2·61 per cent of the total births.

Infant Mortality.—The infant mortality rate was 24·7, a decrease as compared with the corresponding period of 1948, when it was 26·6 per 1000 live births. The noticeable feature was the improvement in Launceston and suburbs, where the rate fell from 40 per 1000 to 22 per 1000.

Similarly, the neo-natal death rate (under one month) showed a decrease from 19·3 to 17·1 per 1000. The causes of death under one year were, as usual, mainly due to pre-natal causes and diseases of early infancy, which accounted for 62 deaths out of a total of 82, or 75·6 per cent. Broncho-pneumonia accounted for the death of 10 infants under one year.

Maternal Deaths.—Two deaths were recorded as being due to childbirth.

Principal Causes of Death.—The causes of death occupied the same order as in 1948.

Heart disease exerts the heaviest toll, whilst cancer retains its position next on the list.

Cerebral vascular lesions, cerebral haemorrhage and apoplexy, which exert their effect mainly after middle-age, are responsible for many deaths, whilst nervous diseases and diseases of infancy take a heavy toll.

A definite fall in the number of deaths from pneumonia and broncho-pneumonia was present during the half-year, as compared with the corresponding period of 1948.

There was a decrease in the deaths due to tuberculosis in the first half-yearly period of both 1948 and 1949, as compared with the decennial average, although the figure corresponds in each period (38).

PUBLIC HEALTH ADMINISTRATION.

The Report of the Chief Health Inspector (Appendix I.) shows the work of the departmental health inspectors, who supervise that of the local authority inspectors and help them with their problems.

Food Standards Committee.—A meeting was held on the 7th January, 1949.

Food and Drugs Regulations.—The application of regulations relating to berry fruits was applied directly by full-time and part-time inspectors in the southern area of the State. The Department of Agriculture co-operated in carrying out the work, which required that close attention be given to the condition of all consignments throughout the short season.

Report of Government Analyst.—The report of the Government Analyst (Appendix II.) shows that a total of 1125 samples of food and other materials were submitted to analysis, of which 371 were foods, 125 alcoholic liquors, and 108 fruit and fruit products. Milk samples analysed numbered 155, of which 34 were below legal standard, 10 of these containing added water. A number of samples of berry fruits were examined for compliance with the regulation prescribing a standard for solid content.

NOTIFIABLE INFECTIOUS DISEASES.

Of 176 cases of notifiable infectious diseases, 101 were due to tuberculosis and 39 to scarlet fever. Diphtheria notifications showed a marked decrease from 44 in the first half of 1948 to 15 in the first half of 1949.

Owing to prevalence of hydatid disease in certain areas, the disease was declared a notifiable infectious disease under the Public Health Act.

Table A shows the infectious diseases notified during the half-year under consideration.

Poliomyelitis Standing Committee.—This committee was not called together, as only one case of the disease was reported.

TABLE A.

RETURN showing Number of Cases of each Notifiable Infectious Disease Notified to the Department of Public Health during Six Months ended 30th June, 1949.

Month.	Diphtheria.	Typhoid Fever.	Scarlet Fever.	Tuber- culosis (all forms).	Puerperal Fever	Puerperal Pyrexia.	Cerebro- Spinal Meningitis.	Acute Anterior Polio- myelitis	Malaria.	Hydatids.	Total.
January	4	....	12	20	3	3	1	....	1	....	44
February	2	....	6	24	....	....	1	1	....	2	36
March	2	1	8	21	....	....	....	....	....	1	33
April	1	....	8	11	....	....	....	....	....	....	20
May	5	3	3	12	....	....	....	....	....	1	24
June	1	....	2	13	....	....	2	....	....	1	19
	15	4	39	101	3	3	4	1	1	5	176

VENEREAL DISEASES.

The number of cases of venereal diseases notified is shown in Table B. From this it is seen that 17 primary cases of syphilis have been notified in the six months, which is somewhat more than half of the total for the year 1948.

TABLE B.

RETURN showing Number of Cases of Venereal Disease Notified to Department of Public Health during Six Months ended 30th June, 1949.

	Males.	Females.	Total.
Gonorrhoea	34	12	46
Primary syphilis	14	3	17
Secondary syphilis	4	8	12
Tertiary, congenital, and seriological positive syphilis	4	2	6
Total	56	25	81

CHILD WELFARE.

Centres and Work Performed.—Table C gives a summary of the work of the Child Welfare Centres for the half-year. The visits to individual new-born babies totalled 3209, whilst subsequent visits to mothers numbered 14,372. The number

of individual babies attending the centres was just over 12,000, whilst total attendances at centres reached the figure of 58,672.

At the end of June, 1949, there were 66 centres distributed throughout the State (including four travelling units). The staff comprised 36 sisters, of whom two were engaged in part-time duty only, and one mothercraft nurse.

Training of Infant Welfare and Mothercraft Nurses—

Child Welfare Certificates issued comprised:

Mothercraft Home, 22.
Calvary Hospital, 8.

Mothercraft Certificates issued comprised:

Mothercraft Home, 7.
Calvary Hospital, 7.

Mothercraft Lectures.—These are given to senior schoolgirls, to whom 66 certificates were given following examination. Wireless talks on mothercraft are given weekly from Queenstown.

Immunisation.—This was carried out against diphtheria and whooping cough at Moonah Centre, where 995 injections were given in the six months under review to children in attendance.

TABLE C.

SUMMARY of Work Performed by Child Welfare Sisters during Six Months ended 30th June, 1949.

	Visits to Individual New-born Babies.	Subsequent Visits to Mothers.	Visits to Expectant Mothers.	Total Visits to Homes.	Individual Babies Attending Centres.	New Baby Cases Attending Centres.	Total Attendances at Centres by Babies.	Pre-School Children Attending Centres.	Total Attendances at Centres by Expectant Mothers.	Total Attendances at Centres.
Northern Tasmania	1,661	7,818	375	9,854	6,184	1,165	23,597	5,410	276	29,283
Southern Tasmania	1,548	6,554	1,157	9,259	5,819	1,200	21,979	7,210	200	29,389
Totals	3,209	14,372	1,532	19,113	12,003	2,365	45,576	12,620	476	58,672

TABLE D.

INFANTILE Mortality.

Number of Deaths under One Year in Tasmania for the last 20 Calendar Years.

	Year.																				
	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949. (a)
Deaths..... ..	256	242	219	185	187	189	231	227	202	195	203	176	255	224	226	199	159	207	195	193	82

(a) First six months only.

Infantile Mortality Rate (Deaths per 1000 Live Births).

Year.	Tasmania.	N.S.W.	Victoria.	Queensland.	South Australia.	Western Australia.	New Zealand.	North. T'tory.	Aust. Cap. Ter.	Aust.
1929.....	53.1	56.6	47.2	46.1	40.9	56.2	34.1	18.9	19.6	51.1
1930	50.6	49.8	46.5	40.2	48.3	46.7	34.5	70.4	24.4	47.2
1931.....	46.0	43.5	44.5	36.6	36.5	41.5	32.2	83.3	37.3	42.1
1932.....	41.2	41.1	43.0	40.3	36.6	44.6	31.2	75.9	26.5	41.3
1933.....	41.1	39.3	40.4	42.6	31.9	36.8	31.6	94.6	53.4	39.5
1934.....	42.3	46.4	44.6	40.6	35.6	40.9	32.1	68.1	7.5	43.6
1935.....	51.8	39.4	41.2	37.8	34.9	40.2	32.3	83.3	47.3	39.8
1936.....	49.6	43.5	42.3	36.3	31.1	42.2	31.0	26.6	25.3	41.1
1937.....	41.7	40.7	36.7	35.6	33.1	37.5	31.2	30.3	14.5	38.1
1938.....	39.7	41.8	34.2	41.3	30.5	33.8	35.6	58.8	35.0	38.3
1939.....	40.6	41.0	35.6	34.7	34.8	40.7	31.1	65.2	23.9	38.1
1940.....	35.2	39.0	39.5	35.3	35.5	46.5	30.2	46.2	7.0	38.7
1941.....	49.0	43.8	36.2	39.1	32.5	35.3	29.7	83.3	16.4	39.7*
1942.....	42.2	40.1	41.8	34.8	39.5	36.8	28.7	43.5	25.5	39.5*
1943.....	40.4	36.2	35.8	37.8	36.7	32.6	31.3	75.0	18.6	36.3*
1944.....	38.3	30.7	33.0	31.3	29.0	32.7	30.1	22.5	23.4	31.3*
1945.....	27.5	30.6	28.0	29.8	28.0	29.6	28.0	55.6	12.4	29.4*
1946.....	30.2	30.2	27.2	29.3	27.1	31.1	26.1	30.3	19.3	29.0*
1947	27.3	29.8	26.3	30.8	24.3	30.9	25.0	43.5	19.9	28.5*
1948.....	27.7	30.3	23.9	27.9	29.6	25.6	22.0	35.7	23.4	27.7
1949(a)	24.6	27.0	21.6	27.4	29.4	27.3	(b)	30.0	20.2	25.8

(a) First six months only (equivalent annual rate).

(b) Not available.

* Excludes New Zealand.

TABLE E.

TABLE showing the Principal Causes of Death of Children under 1 Year of Age in Tasmania in each Year from 1940 to 1949.

Causes of Death and Classification Number.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949. First six months.
8. Scarlet Fever, &c. ....	...	...	...	...	...	...	...	...	...	...
9. Whooping Cough .....	...	25	1	2	8	1	...	4	4	...
10. Diphtheria and Croup .....	...	2	1	...	1	2	1	...	...	...
Other Epidemic Diseases	2	...	5	2	3	1	2	3	4	3
12. Tetanus .....	...	...	...	...	...	...	...	...	...	...
14a. Tubercular Meningitis .....	...	1	1	...	1	...	2	...	...	...
30. Syphilis .....	...	...	...	...	...	1	...	1	1	...
35. Measles .....	...	...	2	...	...	1	...	...	...	...
86. Convulsions	2	2	1	2	...	1	...	1	...	...
106. Bronchitis .....	...	3	1	1	3	1	1	1	1	1
107. Broncho-pneumonia	21	23	32	22	24	10	15	20	18	10
108, 109. Pneumonia	2	5	7	10	3	4	2	2	5	...
119. Gastro-Enteritis, Diarrhoea, & Enteritis	3	2	7	13	5	4	2	2	6	...
Other Diseases of the Stomach .....	...	2	...	...	...	...	...	...	...	1
157. Congenital Defects	21	18	17	20	24	20	21	19	19	10
158. Debility, Marasmus.....	11	18	10	14	7	5	3	3	...	1
159, 160. Premature Birth and Injury at Birth ...	76	105	89	82	87	81	110	107	100	39
161. Other Diseases of Early Infancy	27	33	33	41	14	15	26	18	11	12
Other Causes	11	16	17	17	19	12	22	14	24	5
Total	176	255	224	226	199	159	207	195	193	82
Infantile Mortality Rate (per 1000 Births) ...	35.2	49.0	42.2	40.4	38.3	27.5	30.2	27.3	27.7	24.7
Total Births	4994	5206	5305	5597	5200	5785	6847	7140	6979	3325

TABLE F.

(Showing Ages and Causes of Death under One Year—First Six Months, 1949).

Causes of Death and Classification Number.	Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	Total under 1 year.
6 Cerebro-Spinal Meningococcal Meningitis .....	...	...	...	1	1	2
33b Influenza without respiratory complications .....	...	...	...	...	1	1
80b Encephalitis .....	...	...	...	1	...	1
81a Simple Meningitis .....	...	...	...	...	1	1
84a Congenital Mental Deficiency	1	...	...	...	...	1
106a Acute Bronchitis .....	...	...	...	1	...	1
107 Broncho-Pneumonia	1	1	4	2	2	10
129 Peritonitis without Specified Causes .....	...	...	...	1	...	1
157a Congenital Hydrocephalus.....	...	...	3	...	1	4
157b Spina Bifida and Meningoccle.	...	...	1	...	...	1
157c Congenital Malformations of the Heart	2	...	...	...	...	2
157i Other Congenital Malformations	2	...	...	...	1	3
158 Congenital Debility	1	...	...	...	...	1
159 Premature Birth	28	1	...	1	...	30
160 Injury at Birth	7	1	...	...	1	9
161a Asphyxia, Atelectasis.....	7	...	...	1	...	8
161e Hæmorrhagic Conditions of the Newborn	1	1	...	...	...	2
161g Other Diseases peculiar to First Year of Life	2	...	...	...	...	2
182 Accidental Mechanical Suffoca- tion .....	...	1	...	1	...	2
TOTAL	52	5	8	9	8	82

TABLE G.

Comparative Figures of Principal Causes of Death under One Year during 1945-1949.

Causes of Death.	1945.	1946.	1947.	1948.	1949. First six months
Whooping Cough...	1	...	4	4	...
Convulsions	1	...	1	...	...
Bronchitis	1	1	1	1	1
Broncho-Pneumonia	10	15	20	18	10
Pneumonia	4	2	2	5	...
Diarrhoea and Enteritis	4	2	2	6	...
Congenital Debility	5	3	3	...	1
Syphilis	1	...	1	1	...
Malformations	20	21	19	19	10
Prematurity and Injury at Birth	81	110	107	100	39
Other Diseases of Early Infancy ...	15	26	18	11	2

SCHOOL MEDICAL AND DENTAL SERVICE.

Children Medically Examined.—In the first half of 1949, the number of children medically examined was 5050, in whom there were found 1667 defects for which treatment was advised. Over 50 per cent of the defects were dental.

Contacts made with Children by Sisters.—The school sisters have been in touch with 42,400 children, of whom 4720 were seen for the first time, whilst 12,200 others were prepared for re-inspection by the medical officer. Head cases numbered 22,987, of whom 3861 were cases requiring persistent attention.

Immunisation.—Immunisation against diphtheria was carried out in 19 Hobart schools, where 394 children were given a complete course of injections, whilst 261 others were given “booster” doses to raise their immunity against the disease.

Goitre Survey.—In February, 1949, a survey for endemic goitre was carried out by Dr. F. W. Clements, Director of the Institute of Anatomy, Canberra, assisted by officers of this Department. A total of 8934 children were examined in various areas of the State, and 67 per cent of the number were found to have some thyroid enlargement.

Dr. Clements’ recommendation, that tablets containing potassium iodide in 10 mgm. be made

available to all children in the State from one to 14 years of age, inclusive, has been implemented, following an offer by the Commonwealth Government to supply the tablets free of cost. The tablets are being distributed through the courtesy and with the co-operation of head teachers of the Education Department.

Dental Service.—A total of 2297 new cases were treated at the dental clinics, and 1559 cases received repeat treatment, making a total of 3856 visits. The mobile dental unit working at Devonport treated 1018 children. Table H. shows the record of treatment given.

TABLE H.
SUMMARY of Treatments given by School Dental Inspectors during Six Months ended 30th June, 1949.

	New Visits.	Repeat Visits.	Total.	Treatments.	Fillings.	Extractions.	Cleanings.	Total.
	640	557	1197	1325	545	1160	74	3104
	953	550	1503	1134	287	1028	33	2482
	95	43	138	159	24	70	1	254
	609	409	1018	644	183	720	243	1790
Totals	2297	1559	3856	3262	1039	2978	351	7630

C. L. PARK, M.D., D.P.H., F.R. San. I.,
Director of Public Health.

APPENDIX I.
REPORT OF CHIEF HEALTH INSPECTOR FOR THE SIX MONTHS ENDED 30TH JUNE, 1949.

Staff.

As from the beginning of the year Inspector G. H. Hallam took over the duties of Inspector in Launceston, consequent on the retirement of Inspector Orr who had reached the retiring age. Mr. H. T. D’Alton commenced three months’ long service leave as from 30th May.

Sanitary Surveys and Special Inspections.

Sanitary surveys, with special inspections and inquiries, were carried out in all municipalities throughout the State. In the course of these visits, work of an educational and practical character was performed; due attention being directed to the supervision of water supplies, night-soil and garbage disposal, drainage, offensive trades, safety of public buildings, and protection of food supplies and premises against contamination. Details of the inspections under the above headings (excluding those performed by part-time health inspectors engaged in municipal districts where health services are directly controlled by this Department) are set out hereunder:—

Nature of Inspection.	Number of Inspections	Number of Matters Requiring Attention.
Bacteriolytic tanks (including sites and plans)	959	286
Bakehouses	86	32
Butchers’ shops	94	26
Buildings and plans (private)	35	12
Buildings and plans (public)	7	3
Boarding and guest houses	17	5
Condemnation of dwellings	1	1
Dairying premises	39	6
Disinfections and fumigations	4	—
Domestic inspections	48	17
Drainage	136	56
Food premises (including restaurants)	265	74
Fruit processing premises	582	—
Garbage tips	33	7
Hospitals (including sites and plans)	14	6
Licensed premises	118	11
Mutton bird processing premises	121	35
Offensive trades	137	39
Places of public entertainment	172	68
Reserves, beaches and showgrounds	93	24
Sale yards	10	3
Sanitary depots and services	68	12
Schools	150	30
Spirit testing (alcoholic)	214	—
Miscellaneous	58	16
Subdivisions of land	5	—
Water supplies	20	2
Wharves, jetties, &c.	6	—

In addition to recommendations made to local authorities, 72 orders were served under the Public Health and Food and Drugs Acts for the improvement of existing conditions. These were complied with, with two exceptions, when legal proceedings were instituted, and defendants were convicted and fined.

Installations of Bacteriolytic Tanks.

This method of nightsoil disposal is increasing in popularity in districts throughout the State where water supplies are available and public sewerage systems do not exist. Advice and assistance rendered by officials of this Department to those wishing to avail themselves of this simple and convenient way of disposal of nightsoil is greatly appreciated by those interested.

Infectious Diseases.

Hydatids.—Close supervision continues to be exercised in the disposal of offal from slaughterhouses, also preventing dogs from having access to these premises and being fed on infected offal, as a means of reducing the incidence of this disease.

Offensive Trades.

With the reduction of the fee to 2s. 6d. for the registration of swine-keeping premises, which was effected last year, a greater number of piggeries has been registered. It was necessary in one instance to institute legal proceedings against a swine-keeper for the unsatisfactory manner in which premises were being maintained, and the gross neglect of the large number of animals being housed thereon. This being a particularly flagrant case, the maximum fine of £20, with counsel’s fee of £3 3s. and 13s. costs, was imposed by the presiding magistrate. This person has since discontinued keeping pigs.

Mutton Bird Industry.

Inspections of the birds taken, as well as buildings and equipment used in connection with the mutton bird industry at Flinders and adjacent islands, were carried out during the season in March and April. The birds generally were plentiful, in good condition, and well cleaned and packed. No condemnation of these was found necessary. Owing to shortage of building materials, a number of the buildings used for processing the birds were found below standard. Orders for the necessary repairs have been served on occupiers, with a view to improvements being effected for next season’s operations.

Food and Drugs Act.

Food Samples.—Two hundred and sixty-nine samples of food (including 137 milks) were procured for examination.

Of this number, 16 were found slightly below the prescribed standard, but owing to the deficiencies being slight, warnings were issued in these cases. With a view to further safeguarding food supplies from possible contamination, draft regulations in this respect have been prepared, and will be submitted for approval in the near future.

Examination of Berry Fruits.

Following the setting up of standards under the Food and Drugs Regulations for this class of fruit, extensive supervision of fruit delivered to processing factories and receiving depots was exercised during the season.

With the assistance of officers of the Agricultural Department, and the appointment of additional temporary food inspectors who were stationed at processing factories and depots, fruit on arrival was tested by approved appliances for ascertaining if this was up to standard required. As the result of such supervision, 6520 tests were carried out.

Places of Public Entertainment Act.

Frequent visits were made by inspectors to places of public entertainment throughout the State, with a view to enforcing the regulations regarding the construction and maintenance of buildings and safety of the public.

Conclusion.

In conclusion, I desire to thank council clerks and local health inspectors for their co-operation and assistance.

As usual, the inspectorial staff has given loyal and conscientious service throughout the year.

H. H. PARKER, M.R.S.I.,
Chief Health Inspector.

APPENDIX II.

REPORT OF GOVERNMENT ANALYST FOR THE
SIX MONTHS ENDED 30TH JUNE, 1949.

Staff.

Miss D. A. Alcock joined the staff in January as a part-time technical assistant. Two permanent positions, one senior and the other junior, are unfilled. The work of the latter is being done with the aid of temporary assistance.

Chemical Analyses and Investigations.

The following tables show the various materials examined, and the sources from which they were received:—

Table I.—Materials Examined—

Foods	371
Petroleum products (petrol, kerosene, lubricating oil, &c.)	137
Alcoholic liquors	125
Fruit and fruit products	108
Water and Sewage	106
Soils	101
Human milks	28
Animal nutrition specimens	27
Flock and bedding	19
Pesticides	15
Human toxicology	14
Animal toxicology	8
Hydrometers and thermometers	9
Paints and building materials	8
Drugs and medicines	6
Disinfectants and preservatives	6
Fertilisers	5
Plant nutrition specimens	8
Soaps and cleaning materials	2
Textiles and paper	1
Criminal investigation	1
Miscellaneous	20
Total	1125

Table II.—Sources of samples—

State Departments:	
Department of Public Health	262
Department of Agriculture	127
Police Department	14
Public Works Department	4
Transport Commission	21
Supply and Tender Department	6
Forestry Department	6
Hydro-Electric Commission	1
Attorney-General's Department	2

Commonwealth Departments:	
Department of Trade and Customs	256
Department of Commerce and Agriculture	39
Postmaster General's Department	1
Department of the Navy	1
City Councils and Local Authorities	115
Child Welfare Centres	23
Hospitals and Institutions	11
Private Firms and Persons	236
Total	1125

The number of samples examined was greater than that for the corresponding six months of 1948. Considerable activity in milk sampling and more soils from the Department of Agriculture accounted for some of the increase.

Food and Drugs Act Analyses.

The following table summarises the results of analyses of food samples taken officially by inspectors under the Food and Drugs Act:—

Foodstuff	Number of Samples Received.	Number Below Standard.
Beverages	2	....
Butter	6	1
Bread	3	....
Baking powder	1	....
Cereal products	6	....
Cordials and fruit juices	3	1
Custard and dessert powders	5	1
Essences	2	....
Food colours	1	1
Fish products	3	....
Honey	2	....
Ice cream mix	1	....
Jelly crystals	1	....
Meat products	10	5
Milk	155	34
Edible oils and fats	3	1
Savouries and spreads	10	1
Soups (canned)	2	....
Spices and condiments	6	1
Sugar and confectionery	1	....
Totals	223	46

In addition, a number of samples of berry fruits, taken by inspectors at the factories, were checked as to compliance with the berry fruit standards of the Food and Drugs Regulations before being condemned or released.

The proportion of samples not complying with the requirements of the regulations was 20·6%. Apart from milk, however, there were few serious adulterations. Samples of spread, meat paste, cordial and food colour did not comply with the labelling requirements. A sample of sausage was low in meat content and high in preservative. A sample of Salami sausage was unsound. A sample of margarine did not contain starch as required. A sample of butter contained more than the permitted amount of water.

Milk.

A detailed examination of the results of analysis of milk samples taken by inspectors of the Department and local authorities shows the following:—

	No. of Samples.	Percentage of Total.
Complied with standard	121	78·1
Deficient in fat only	3	1·9
Below standard in total solids and/or non-fatty solids	20	12·9
Adulterated with water	10	6·5
Contained foreign matter (dirt)	1	0·6
Totals	155	100·0

The proportion of samples below standard is higher than in 1948, the percentage of watered samples being again high.

Water and Soils.

Other samples included a large number of waters examined for farmers as to suitability for stock, for plants, and for domestic and drinking purposes. A number of soils were examined to ascertain deficiencies if any. Samples of the Hobart water supply were also examined at two-monthly intervals, and a number of samples were examined for the Director of Public Health as to their hygienic purity.

Commonwealth Departments.

Work for the Department of Trade and Customs (petroleum products and alcoholic liquors) showed some falling off in numbers compared with the previous year.

Berry Fruits Survey.

This was continued, and a number of complete analyses have now been compiled.

Information and Advice, &c.

Much time has been taken up in answering enquiries from government departments, private firms, and persons on a great variety of matters connected with food, water, corrosion problems, and miscellaneous industrial materials.

Conclusion.

I desire to express appreciation of the services and support of the members of the staff during the period reviewed.

H. E. HILL, F.R.A.C.I., A.R.I.C.,
Government Analyst.

SECTION II.—REPORT OF DIRECTOR OF HOSPITAL AND MEDICAL SERVICES FOR SIX MONTHS ENDED 30TH JUNE, 1949.

HOSPITALS.

Public Hospitals.

Public Hospitals for the six months' period showed a slight increase in the number of in-patients and also bed-days. The number of out-patients treated was markedly increased, as also was the number of attendances. This marked increase in out-patients is due not only to the increased number of people availing themselves

of free treatment, but also to the increased number of patients referred by private practitioners for special investigations, X-rays, &c. Portion of this increase has been due to the extension of the Pathological Departments at the Royal Hobart and Launceston General Hospitals. The out-patients' departments at the major base hospitals are becoming more and more congested, and it is imperative that further accommodation be provided in the immediate future. (See Table I.)

TABLE I.
Public Hospital Statistics for Six Months Ended 30th June, 1948, and for Six Months Ended 30th June, 1949.

HOSPITAL.	IN-PATIENTS		BED-DAYS		OUT-PATIENTS		No OF VISITS.	
	1948	1949	1948	1949	1948	1949	1948	1949
Peacock, Hobart	283	291	3,204	3,117	....	....	....	....
Queen Alexandra, Hobart	423	425	6,240	6,158	224	95	303	402
Royal Hobart	4,984	5,477	61,240	60,842	15,230	24,385	55,636	66,977
Launceston General	2,705	2,621	46,543	48,231	9,245	9,580	35,462	38,186
Queen Victoria, Launceston	711	769	8,347	8,603	....	....	....	....
Beaconsfield	209	207	2,268	2,240	....	....	....	....
Campbell Town	232	245	2,798	2,591	....	....	....	....
Meercroft, Devonport	153	160	1,718	1,944	13	....	17	....
Bowmont, Franklin	172	147	1,443	1,125	....	32	....	39
King Island	176	180	1,174	1,203	405	258	590	459
Devon, Latrobe	1,788	1,754	15,740	15,055	1,510	1,734	1,803	1,919
New Norfolk	163	230	1,196	1,258	701	1,454	2,610	2,230
Lyell, Queenstown	364	381	4,579	5,630	832	1,041	2,504	2,865
St. Marys	129	101	1,788	1,589	62	39	138	195
Scottsdale	283	260	3,705	3,373	483	359	2,047	2,124
Ulverstone	404	312	2,518	2,596	....	....	....	....
Spencer, Wynyard	760	801	9,739	10,186	....	....	....	....
Zeehan	287	219	3,053	2,561	399	500	729	1,015
TOTALS	14,226	14,580	177,293	178,302	29,104	39,477	101,839	116,411

Daily average number of Occupied Beds = 968·6 for 1948 and 985·1 for 1949, an increase of 1·7 per cent

In-patients increased by 354 = 2·4 per cent.

Bed-days increased by 1009 = ·5 per cent.

Out-patients increased by 10,373 = 35·6 per cent.

Out-patients visits increased by 14,572 = 14·3 per cent.

Daily average cost per patient (on adjusted averages) = 32s. for 1949, an increase of 3s. 3d. = 11·2 per cent.

Commonwealth Aid—

Qualified In-patients at 8s. per day.

In-patients in non-public wards in public hospitals 10d. per day (Pharmaceutical Benefits).

Out-patients 3s. 3d. per registration (Pharmaceutical Benefits).

Consultant Specialists.—The work of the Consultant Specialists has continued to expand, and the services have been extended.

The Plastic Surgeon visited Hobart in January, 51 patients being examined and 20 operations being performed.

The Consultant Neurologist visited Hobart and Launceston in February and examined 30 patients. As the number of consultations is increasing, the length of his visit will be increased.

The work of the Orthopaedic Surgeon has been maintained in the Southern part of Tasmania, and the number of patients referred to him in the North and on the North-West Coast has increased to such an extent that an Assistant Orthopaedic Surgeon has been appointed to assist in these areas. A similar position exists as regards the Psychiatrist, and an additional appointment is to be made for the North and North-West Coast.

A visiting Ophthalmologist has been appointed to the Devon Public Hospital, who, in addition, has provided ophthalmic services for school children on the North-West Coast. An Ophthalmologist visited King Island in January and attended to 69 patients. Following the visit of the Ophthalmologist to Queenstown, the Optometrist visited that district in March and June and refracted 163 persons.

An Ear, Nose, and Throat Specialist has been appointed to the Devon Public Hospital, and his services have been in ever increasing demand.

With the appointment of the additional specialists, it is anticipated that at an early date full specialist services will be available in all parts of the State.

Staff (Medical).—The intern staffs of the Royal Hobart and Launceston General Hospitals have now been placed on a new basis with the appointment of General Superintendents as Administrators, and Medical, Surgical, Out-Patient and Pathological Registrars. Each Registrar is either studying for, or has recently obtained, his higher degree in his particular specialty. These positions are keenly sought, and it has led to a greatly improved standard of Resident, and stimulated the majority of the staff to undertake higher studies.

Visiting Medical Staff.—The visiting medical staff, now paid on a fee for service sessional basis, has continued to render outstanding service, every specialty now being provided for in Hobart and Launceston, and the majority at minor base hospitals. The major base hospitals have now become the medical centres for their respective areas and, in addition to regular clinicopathological meetings, are the centres for all meetings or branch meetings of the various colleges and post-graduate courses.

Staff (Nursing).—The supply of trained nurses for major base hospitals has been satisfactory, but difficulty is still maintained in staffing smaller hospitals in country districts. This has been overcome to a large extent by the establishment of an emergency nursing service in the Public Health Department, nurses mainly from the mainland being engaged for short service periods and moving from centre to centre. Although not entirely satisfactory from an administrative standpoint, it has prevented the closure of many smaller hospitals for indefinite periods.

The publicity officer has visited many schools and addressed Parents' and Citizens' Associations, Mothers' Clubs, &c., to enlist young girls to enter the profession. Talks at schools are aided by posters, film projectors, and also visits by selected groups of scholars for inspection tours and demonstrations at the base hospitals. A coloured talkie film, depicting the life of the student nurse, her quarters, daily tasks and amenities available,

has just been completed, and will be ready for exhibition in the latter part of 1949. This will be a great aid to recruiting. These methods are proving satisfactory, more young ladies offering for training, but still the supply is not equal to the demand.

Post-graduate courses for nurses still continue two nurses at present undergoing training in the nursing of thoracic surgery cases. Scholarships have been approved for nurses from this State to take up post-graduate courses at the newly established College of Nursing, Australia, for training in Administration and Sister Tutor and Ward Sister Courses. The first course of study will commence in Melbourne in March, 1950.

Catering Officer.—Food control and management have always presented great difficulties, which were not satisfactorily overcome by the appointment of dietitians. A re-organisation of this department has taken place at the Royal Hobart Hospital, a catering officer being appointed with complete control of food supplies, kitchen and dining-room staff, and the compilation of menus for patients on full diet and the medical and nursing staff; the dietitian's duties being confined to special diets only. This has proved most satisfactory, as the catering officer is more experienced in bulk buying, quality of foods, arranging of menus, and serving of meals. Patients on special diet also receive more individual attention and supervision.

A similar re-organisation is planned for the Launceston General Hospital.

Welfare Officer.—The appointment of a welfare officer, carrying out the duties of an almoner and medical surgical worker, has proved most beneficial both to the medical and nursing staffs and to the patients, maintaining a happy understanding between the home, the hospital and the staff, and assisting very greatly in rehabilitation.

X-Ray Appointment.—Early this year an X-ray engineer-technician was appointed to the Department to inspect and maintain all X-ray equipment, and also to train staff in X-ray work generally and darkroom technique particularly. The results have proved most satisfactory, and the standard of work produced has been greatly improved.

Equipment.—Further supplies of modern electric, electro-medical, and other equipment have been supplied during the half-year, including humidicribs for three maternity hospitals, a convulsive therapy unit for the Royal Hobart Hospital, and an electro-surgical operating unit for the Devon Public Hospital. Full equipment has also been supplied for the eye clinic established at the Devon Public Hospital. Further X-ray units have been supplied, and all hospitals are now well-equipped in this department. Furnishings and equipment in all hospitals are consistently improving.

Costs.—The average daily cost for 1948 was 28s. 9d. per day, and that for the first six months of 1949, 32s. per day; an increase of 11.2 per cent. In addition to the increased cost of commodities, drugs and equipment, the major portion of this increase was due to increased salaries and wages under award rates, including week-end penalty rates for the nursing staff.

Buildings.—The Burnie Public Hospital and Nurses' Home are in the final stages of completion, and action is being taken as regards furnishing same. The same applies to the new nurses' homes

at the Queen Victoria Hospital and the maternity section of the Wynyard Hospital. Accommodation is still urgently required for out-patient services at the Royal Hobart and Launceston General Hospitals, Devon and Spencer Public Hospitals, and the Lyell District Hospital. Accommodation for nurses is urgently required at Hobart, Launceston, Devon and Meercroft Hospitals, and emergency accommodation is being provided by the acquisition of large private houses in Hobart and Launceston, and the erection of temporary premises at Hobart and Meercroft Hospitals. It is impossible to obtain nurses until suitable accommodation with amenities can be provided.

Construction of permanent buildings is slow, due to shortage of technical staff in the prepar-

ation of plans and specifications, shortage of building materials and shortage of artisans, and to the fact that priority is still given to housing projects.

Private Hospitals.

The registration of private hospitals is still on the decline (see Table J.), and the average daily number of in-patients is showing a steady decrease although the amount paid to approved private hospitals from the Commonwealth Trust Account shows a steady increase, due to the increased fees. Although the number of beds available in private hospitals is small, these hospitals are rendering a very valuable and necessary service to the community.

TABLE J.

Private Hospitals.

Return showing Number of Private Hospital Licences Issued, and Private Hospitals Exempted from Applying for a Licence, during the Years 1948 and 1949.

	LICENCES ISSUED								HOSPITALS EXEMPTED							
	Medical, Surgical & Lying-in		Medical and Surgical only		Lying-in only		Total		Medical, Surgical & Lying-in		Medical and Surgical only		Lying-in only		Total	
	1948.	1949.	1948.	1949.	1948.	1949.	1948.	1949.	1948.	1949.	1948.	1949.	1948.	1949.	1948.	1949.
Hobart. ....	...	...	1	1	2	1	3	2	1	1	1	1	...	...	2	2
Launceston ..	...	...	...	...	2	2	2	2	...	...	2	2	...	...	2	2
Country	8	4	...	...	7	6	15	10	...	...	1	1	...	...	1	1
Total...	8	4	1	1	11	9	20	14	1	1	4	4	...	...	5	5

TABLE K.

Amounts Paid to Approved Private Hospitals from the Commonwealth Private Hospital Benefits Trust Account, for Bed-days of Qualified In-patients, for Six Months Ended 30th June, 1949.

Approval No. of Hospital.	1949.			
	Bed-days.	Average Daily No. of In-patients.	Amount Paid.	
			£ s. d.	
T 1	19,166	105·8	7,666 8 0	Licensed, but not operating
4	138	·7	55 4 0	
5	1,758	9·7	703 4 0	
6	9,637	53·2	3,854 16 0	
8	885	4·8	354 0 0	
9	2,464	13·6	985 12 0	
10	....	....	....
11	580	3·2	232 0 0	
12	125	·6	50 0 0	
13	70	·3	28 0 0	
14	11	·06	4 8 0	Licensed, but not operating
15	85	·4	34 0 0	
17	Ceased at 31.5.49
18	21	·1	8 8 0	
21	885	5·4	354 0 0	
22	153	·8	61 4 0	
23	4,897	27·0	1,958 16 0	
26	882	4·8	352 16 0	
29	6,497	35·8	2,598 16 0	
	48,254	266·26	£19,301 12 0	

BUSH NURSING.

On 30th June, 1949, there were 25 centres in operation, viz. 13 hospital centres and 12 centres without in-patient beds. Some centres had been closed for certain periods of the half-year or open part-time only, owing to shortage of nursing staff, viz.—

Cape Barren Island—For five months a resident married nurse dealt with emergency cases only.

Ringarooma—Closed during January, 1949.

Southport—Closed 1st January, 1949, to 4th April, 1949.

Triabunna—Closed 1st January, 1949, to 4th April, 1949.

Tasman—Admitted emergency in-patients only, as there was no resident doctor.

Tullah—Closed during Sister's annual leave, January, 1949. A resident married untrained nurse, with some nursing experience, was employed during sick leave of Sister from 28th April, 1949, to 30th June, 1949.

Oatlands—A building was purchased by the Government, equipped, and opened as a 5-bed hospital on 29th March, 1949. Previously this was a centre functioning without hospital in-patients.

Gladstone—This centre was opened on 12th April, 1949, but did not admit hospital in-patients. Work has been conducted in temporary rooms until the new building (now in course of construction) is ready and equipped for occupation. The Government is erecting the new building to be used for treatment of out-patients, as a baby clinic and sister's residence. The Bush Nursing Association (Northern Division) intends assisting with furnishings, and has helped towards the purchase of a car for the work. There is a local Committee to conduct the centre. The new building is hoped to be ready by the end of the year.

The assistance of resident married women in accepting some of the staff vacancies has helped tremendously with a difficult shortage again.

There were four married and 33 unmarried trained nurses on the staff at 30th June, 1949, and all the centres were then staffed.

Child welfare work has been maintained in all centres, as also have school medical services, including lectures in first-aid and mothercraft.

The Bush Nursing Association has given very valuable support during the half-year, especially in respect of furnishings and equipment.

TABLE L.

Summary of Work Performed in Bush Nursing Centres during Six Months Ended 30th June, 1949.

Centre.	Hospital Beds.	Visits to Centre.	Visits to Patients.	Hospital In-patient Days.	Maternity Cases.	Pre-natal Visits.	Child Welfare Visits.	School Visits.	Mileage.	Fees Earned.		
										£	s.	d.
Alonnah	2	343	58	83	4	21	77	4	139	3	8	6
Avoca		192	82	....	1	25	89	3	307	34	6	7
*Cape Barren Is.	4	310	54	....	....	....	14	4	48	....	
Cygnets	5	243	2	275	28	8	269	....	....	....
Flinders Island	5	165	....	217	11	9	110	3	38	....	
†Gladstone		86	92	....	....	8	71	2	247	6	5	0
Grassy, King Is.		673	92	....	....	59	326	....	1,391	23	19	6
Lilydale		144	261	....	2	16	197	4	3,540	103	2	2
Marawah	2	156	36	82	9	76	125	4	443	12	10	3
Mole Creek		126	72	....	....	....	92	1	253	46	6	3
‡Oatlands	5	99	78	177	3	25	176	....	11	0	5	0
Ouse	5	184	18	362	30	2	46	2	6	0	15	0
§Ringarooma		345	109	....	....	60	124	3	1,090	47	15	7
Rosebery	1	2,895	359	7	....	174	456	....	1,464	....	
Rossarden		1,021	182	....	....	44	154	8	882	....	
St. Helens	4	57	1	158	12	7	200	....	....	....
Sorell	4	146	3	221	24	20	33	11	....	1	0	6
¶Southport	2	149	30	18	....	8	25	5	85	2	2	0
Storeys Creek ..		422	156	....	....	11	73	5	240	....	
Strahan		747	312	....	....	39	99	....	829	5	15	6
Swansea	3	154	8	103	8	22	189	1	6	6	15	6
||Tasman	5	281	49	77	3	17	43	2	925	9	7	6
**Triabunna	3	126	19	48	1	32	71	2	60	6	0	0
††Tullah		176	91	....	....	24	38	3	203	....	
Waratah	1	419	405	....	....	30	111	..	2,265	....	
TOTAL	51	9,659	2,569	1,828	136	737	3,208	67	14,472	£309	14	10

*Opened part-time for 3 months and for first aid 2 months.
†New Centre opened 12.4.49.
‡Opened as a hospital from 29.3.49.
§Closed in January because of staff shortage.
¶Closed 1.1.49 to 4.4.49.
||Emergency in-patients only admitted whilst no doctor resident in district.
**Closed 1.1.49 to 4.4.49.
††Closed during January.

GOVERNMENT MEDICAL SERVICE.

Difficulty has been experienced in obtaining medical officers for permanent relieving work, and for Richmond and New Norfolk (2nd man) districts, but action is being taken to provide residences in these districts and, on completion of same, it is anticipated that these appointments will be filled.

A residence has been acquired and furnished at Tasman, and a doctor appointed to take up duty as from 12th July.

Temporary relieving officers have been obtained from the mainland, and have rendered valuable service.

There are now 17 districts in which the service has been well established, 19 doctors being engaged, and two districts awaiting appointments.

The service has improved considerably during the post-war period, and is now at a high standard and brings medical aid to persons in districts where, before the introduction of the service, it was practically unobtainable.

TABLE M.

SUMMARY of Work Performed by Government Medical Officers during the Six Months Ended 30th June, 1949.

District.	Population.	Date of Commence- ment of Service in District.	Number of Attendances upon Patients, showing Location of Attendance (excluding Workers' Compensation and Midwifery Cases which are shown separately).				Number of Attend- ances upon Work- ers' Compensation Cases.	Number of Attendances upon Midwif- ery Cases	Total of all Attend- ances	Mileage Covered.
			Resi- dence.	Surgery.	Hospital.	TOTAL.				
Bruny	676	1.3.38	348	12	15	375	2	...	377	1,901
Esperance ...	1,121	11.3.38	1,186	436	11	1,633	...	...	1,633	4,985
Evandale... ..	1,952	1.7.47	122	64	...	186	1	...	187	672
Flinders	750	1.5.38	497	310	71	878	...	9	887	4,880
Glamorgan- Spring Bay	1,694	18.5.38	252	476	39	767	5	8	780	5,363
George Town...	1,070	5.1.40	509	651	79	1,239	...	...	1,239	6,369
Hamilton... ..	3,125	1.5.38	582	985	99	1,666	2	22	1,690	8,458
Kingborough ...	4,729	1.3.38	810	1,469	...	2,279	64	...	2,343	7,003
King Island ...	1,500	1.9.38	272	2,139	223	2,634	56	6	2,696	2,475
New Norfolk...	8,000	9.8.46	723	3,128	186	4,037	...	...	4,037	6,500
Penguin	2,880	13.7.38	547	1,632	7	2,186	25	...	2,211	5,712
Port Cygnet...	2,890	1.7.40	703	1,719	6	2,428	27	20	2,475	5,170
Portland	1,400	14.6.39	904	1,422	101	2,427	21	9	2,457	3,149
Ringarooma ...	4,849	1.1.40	307	905	1	1,213	26	...	1,239	4,587
Scottsdale... ..	2,754	5.8.39	383	2,250	1,391	4,024	12	...	4,036	7,643
Sorell... ..	2,373	1.12.38	812	1,159	82	2,053	25	16	2,094	4,854
*Tasman	1,339	21.4.38	...	...	...	...	...	...	...	...
Totals	43,102	...	8,957	18,757	2,311	30,025	266	90	30,381	79,721

B. M. CARRUTHERS, M.B., F.R.San.I.,
Director of Hospital and Medical Services.

*Resident Medical Officer to take up duties as from 12th July, 1949.

APPENDIX III.
REPORT OF NURSES' REGISTRATION BOARD FOR
SIX MONTHS ENDED 30TH JUNE, 1949.

Personnel of Board.

Dr. B. M. Carruthers, Chairman.
Dr. C. L. Park was Chairman for one meeting in January during the illness of Dr. Carruthers.
Dr. T. C. Butler.
Dr. C. Craig, Superintendent, Launceston General Hospital.
Dr. J. C. Laver, Superintendent, Royal Hobart Hospital.
Matron J. O. Brown.
Matron C. I. Skirving.
Matron L. M. Zwar, relieving Matron B. L. Campbell during her absence in England.

Meetings.

Three ordinary meetings were held during this period.

Legislation.

The Nurses' Registration Act was amended to provide for the registration of foreign trained nurses, who undergo such supplementary training (if any) and pass such examinations (if any) as the Board directs, provided that such persons have in the aggregate undergone training and passed examinations substantially equivalent to the training and examinations prescribed by the Act. The Regulations under the Act were amended to allow general nursing trainees doing a four year training to sit for the Board's examinations for registration at any time after completing 3 years and 4 months training.

Training Schools.

During this period Calvary Hospital was given recognition as a training school for general nurses.
Number of registered training schools.—General, 10; Child Welfare, 2; Midwifery, 6; Tuberculosis, 1; Psychiatric, 2.

Trainees.

1. Applications for Training.—General, 104; Midwifery, 64; Child Welfare, 28.
2. Commenced Training.—General, 115; Midwifery, 60; Psychiatric, 17; Child Welfare, 28.
3. Completed Training.—General, 7; Midwifery, 45; Psychiatric, 2; Child Welfare, 28.
4. Resigned before completion of training.—General, 32; Midwifery, 9; Psychiatric, 9; Child Welfare, Nil.
5. Total number in training 30.6.49.—General, 356; Midwifery, 67; Psychiatric, 60; Child Welfare, 14; Total 497.

Examinations.

1. Educational examination for intending trainees—			
Number held	.....	2	
Number of candidates	.....	6	
Results:			
Passed	.....	2	
Failed	.....	4	
2. For registration of nurses.—			
Number held	.....	2	
Number of Candidates:			
General	.....	13	
Midwifery	.....	54	
Psychiatric	.....	4	
Child Welfare	.....	29	
Total	.....	100	
Results:			
	Passed.	Failed.	
General	11	2	
Midwifery	54	....
Psychiatric	3	1	
Child Welfare	29	...	

Registration of Nurses.

Applications approved, as follows:—	
General	135
Midwifery	98
Psychiatric	4
Child Welfare	12
Tuberculosis	Nil
Total	249

Registrations renewed:—

Renewals are due and payable in November each year for the following calendar year.

Renewals as at 31st December, 1949, were as follows:—

General	611
Midwifery	290
Psychiatric	39
Child Welfare	13
Tuberculosis	7
Total	960

These are all current until 31st December, 1949, so with the exception of a few late payments none are paid between January and June.

General

The small number of general nurses completing training during this period is due to the fact that most of the three year trainees had completed their training and the four year trainees were not yet ready to sit for examinations. It will be noted that the total number of trainees at 30th June, 1949, viz. 497, is in excess of the number in training at 31st December, 1949, which was 411, as follows:—

General	289
Midwifery	69
Psychiatric	37
Child Welfare	16

During this period plans were drawn up for a 12 months' practical training for girls desirous of joining the Tasmanian Auxiliary Nursing Service and a Bill was prepared for presentation to Parliament. This will provide training for "Nursing Aids" or "Practical Nurses", and should help considerably in staffing of hospitals. The whole curriculum for nurses' training was also revised and authority given for printing of book on "Technical Procedures", approved by the Board as a standard for use in all public hospitals.

A decision was also made to allow certain displaced persons who were trained and registered in their own countries to enter training schools as 4th year trainees. At the end of six months providing a satisfactory report is received from the Matron and Superintendent these persons are to be given an oral examination and if successful be granted registration.

Authority was given for the making of a film to be used for the recruitment of nurses and work on it has been commenced. It is anticipated that it will be ready for exhibition towards the end of the year.

B. M. CARRUTHERS, Chairman.
P. A. DRISCOLL, Secretary.

SECTION III.—REPORT OF DIRECTOR OF TUBERCULOSIS FOR SIX MONTHS ENDED 30TH JUNE, 1949.

NOTIFICATIONS.

During the six months 1.1.49 to 30.6.49, 101 cases of tuberculosis were notified to the Tuberculosis Division. These comprised 89 pulmonary and 12 non-pulmonary cases.

In three cases notification was as a result of post-mortem examination. A further four cases have since died, three have left the State, and another three have been able to resume employment. Of the 12 non-pulmonary cases, five were shown to be suffering from tubercular meningitis, and three have since died.

Cases were notified from the following municipalities:—

Municipality.	No. of Cases
Beaconsfield	2
Brighton	1
Burnie	3
Clarence	1
Devonport	6
Esperance	1
Evandale	1
Flinders	1
Glamorgan	1
Glenorchy	4
Hamilton	4
Hobart	28
Huon	1
Kentish	1
Kingborough	1
King Island	1
Launceston	14
Longford	2
New Norfolk	5
Oatlands	1
Penguin	1
Queenstown	4
Sorell	1
St. Leonards	1
Tasman	1
Ulverstone	6
Wynyard	3
Zeehan	5
Total	101

Particulars in respect of the 89 pulmonary cases are given hereunder:—

Sputum tests at time of notification show that 34 cases were positive, 34 negative, and 21 cases not tested.

Age and Sex Distribution.

Age Group	Males	Females	Total
Under 15 years	2	1	3
15 to 24 years	9	16	25
25 to 34 years	11	13	24
35 to 45 years	9	7	16
Over 45 years	17	4	21
	48	41	89

It is noted that the over 45 years group represented approximately 25 per cent of the total. Married persons totalled 51, and single persons 38.

Mode of Discovery.	
By private physicians	30
By chest clinics (as contacts)	3
By chest clinics (not as contacts)	6
By general hospitals	29
By mass X-ray surveys	21
	89

Predominant Symptom on Discovery.

Cough or cough with sputum	37
Loss of weight	17
Haemoptysis	15
Weakness or lassitude	14
Pain in chest	9
Pleurisy or pleural effusion	2
Night sweats	4
Frequent colds	3
Malaise	2

In most cases the predominant symptoms were given as a combination of two or more of the above quoted symptoms.

Stage of Disease on Notification.

Minimal	29
Moderately advanced	46
Advanced	14
	89

It will be seen that approximately two-thirds of the total cases notified were shown to be either in a moderately advanced or advanced stage, which indicates the need for further intensification of the Mass X-ray Campaign.

Occupations (Generally).

Domestic duties	18	Student	2
Labourer	10	Typist or stenographer	2
Medical officer or nurse	6	Miner	2
Pensioner	5	Child	2
Waitress	4	School teacher	1
Factory worker	4	Barman	1
Shop assistant	3	Waterside worker	1
Timber mill hand	3	Pastrycook	1
Clerk	3	Butcher	1
Orchardist or farmer	3	Seaman	1

Cases Hospitalised.

Admitted to Tasmanian Sanatorium	36
Admitted to Perth Sanatorium	13
Admitted to Repatriation Hospital	20
Admitted to Vaucluse Hospital	3
	72

Of the 17 cases not admitted to hospital, three were cases discovered as a result of post-mortem, three left the State, two were able to resume employment without hospitalisation, one had treatment in Melbourne, and eight were under the care of private physicians; six being minimal cases.

Contacts.

The number of household contacts recorded was 423. In 22 cases there was a known family history of tuberculosis.

Deaths.

The total number of deaths during the period 1.1.49 to 30.6.49 was 40.

Sex and age grouping of these 40 persons is as follows:—

Age Group	Males	Females	Total
Under 15 years	2	.....	2
15 to 24 years	1	1	2
25 to 34 years	3	4	7
35 to 45 years	6	5	11
Over 45 years	17	1	18
	29	11	40
	—	—	—

Death notices show that nine persons who had not previously been notified as tuberculosis cases died from the disease.

The average time which elapsed between notification and death was three years, five months, 22 days.

TREATMENT.

TASMANIAN SANATORIUM.

Treatments, &c., carried out during the Six Months Ended 30th June, 1949.

(1) Artificial pneumothorax inductions	7
(2) Artificial pneumothorax refills	295
(3) Pneumoperitoneum new cases	4
(4) Pneumoperitoneum refills	246
(5) Pneumonectomy	1
(6) Lobectomy	2
(7) Thoracoplasty	10
(8) Phrenic crush	8
(9) Pneumolysis	5
(10) Drainage of empyema	1
(11) Cavernostomy	1
(12) X-ray examinations (films)	406
(13) X-ray examinations (screenings)	29
(14) Streptomycin cases	40

The Red Cross Society has continued to provide officers to conduct the occupational therapy, and appreciation is expressed of the work done in this regard.

Return Showing Admissions, Re-admissions, Discharges, and Deaths During Six Months Ended 30th June, 1949.

	Males.	Females.	Total.	Males.	Females.	Total.
In residence on 1.1.49	.....	.....	.....	26	57	83
Admitted for first time	39	38	77			
Admitted ex Royal Hobart Hospital after surgery	10	21	31			
Admitted ex leave	2	.....	2			
				51	59	110
Total under care				77	116	193
Discharged from hospital	21	27	48			
Transferred to Royal Hobart Hospital for surgery	12	23	35			
Discharged for leave	2	4	6			
Died	6	5	11			
				41	59	100
In residence on 30.6.49				36	57	93

PERTH SANATORIUM.

Return Showing Admissions, Re-admissions, Discharges, and Deaths During Six Months Ended 30th June, 1949.

	Males.	Females.	Total.	Males.	Females.	Total.
In residence on 1.1.49	.....	.....	.....	12	21	33
Admitted for first time	9	16	25			
Re-admitted	4	3	7			
				13	19	32
Total under care				25	40	65
Discharged from hospital	6	12	18			
Transferred to Royal Hobart Hospital for surgery	4	3	7			
Died	3	3	6			
				13	18	31
In residence on 30.6.49				12	22	34

Treatments, &c., carried out during Six Months Ended 30th June, 1949.

(1) Artificial pneumothorax inductions	3
(2) Artificial pneumothorax refills	71
(3) Thoracoplasty	1
(4) Pneumolysis	3
(5) X-ray examinations (films)	81
(6) B.S.R. examinations	44
(7) Streptomycin cases	10

SUPERVISION OF NURSES FROM THE TUBERCULOSIS POINT OF VIEW.

The following procedure is adopted at the Royal Hobart, Launceston General and Devon Public Hospitals:—

All members of the staff, trained and untrained, who are Mantoux negative are subjected to three-monthly tests with tuberculin. If there is no loss

of weight, no cough, and no malaise or indisposition, they are X-rayed six-monthly. Trainees who have commenced with positive Mantoux and those who have changed have been X-rayed and B.S.R. taken three-monthly; any unsatisfactory ones being done each month.

Probationers with negative Mantoux are vaccinated with B.C.G., following the lines of the Commonwealth Serum Laboratories Brochure. This is done at the chest clinics.

The lay nurse assistants at Calvary Hospital also were tuberculin tested, and B.C.G. administered to the negatives.

CHEST CLINICS.

The very great value of the chest clinics is demonstrated not only in the examination of suspicious cases referred by outside doctors, and

in seeking out and examining the family and business contacts of the notified cases, but also as the best method of dealing with persons with suspicious X-rays, discovered in the Mass X-ray Surveys. The clinics provide the surest follow-up of these cases.

Pleurisy with effusion cases (referred chiefly from the general hospitals) are still observed by the clinics for a period of at least two years, and generally longer.

Summary of Work Performed by Chest Clinics during Six Months ended 30th June, 1949.

Examinations.		
	Hobart.	Launceston.
People referred to chest clinics from mass X-ray for further investigation, and by outside doctors because of suspicious symptoms	119	24
Contacts of known cases examined for the first time	245	141
People examined at chest clinics and admitted to sanatoria ..	31	33
Cases of Tuberculosis discovered in contacts examined	4	5
Cases still under observation for Tuberculosis amongst contacts	2	4
Sanatorium cases transferred to clinics for special treatment ..	10	11
Re-examinations.		
Cases and observation cases	881	477
Contacts	799	270
Treatments and Investigations.		
Pneumoperitoneum refills	138	....
Artificial pneumothorax refills	226	96
X-ray examinations (films)	402	662
X-ray examinations (screenings) ..	....	....
Gastric lavages	34	6
B.S.R. examinations	292	58
Sputum examinations	383	111

MASS X-RAY EXAMINATIONS.

Hobart Unit.

During the period covered by this report, 9109 persons were X-rayed, making a total since the inception of the unit in Hobart in April, 1945, of 56,739. Of this number, 31,068 were X-rayed for the first time. It is pleasing to record that the total of 9109 for the six months ended 30th June, 1949, compares more than favourably with any other period since the commencement of the scheme.

Mobile Unit.

The total number of persons X-rayed by the mobile unit during the six months ended the 30th June, 1949, was 8771, of whom 3872 were X-rayed for the first time. During this period the unit operated at 65 different sites.

GENERAL.

All chest surgery was carried out at the Royal Hobart Hospital, in accordance with the plan to have this work concentrated there.

Perth Sanatorium, with Dr. G. E. Sibthorpe as resident medical officer, has been a gratifying success. Dr. Sibthorpe was also in charge of the Launceston Chest Clinic.

During the period covered by this report, beds for sufferers were available as follows:—

Hobart Sanatorium	100
Repatriation Tuberculosis Hospital	50
Perth Sanatorium	35
Vaocluse Hospital	12
After-care Home (Nar-ryna)	15

These beds were all used, as well as 12 at the Royal Hobart Hospital and four at the Launceston General Hospital. There has been complete co-operation between the State Division of Tuberculosis and the Repatriation Department. A number of the ex-soldiers admitted to the Repatriation Tuberculosis Hospital were discovered in the State Mass X-ray Survey and in the State clinics.

Allowing for an average annual death rate of 90, there have been available beds in the ratio of 2·5 per annual death.

The booklet "What You Should Know about Tuberculosis" has been handed to every person who had an X-ray. Also, weekly broadcasts were given from every commercial radio station.

TUBERCULOSIS ALLOWANCES.

The payment of allowances to sufferers remained unaltered, although further representation was made to the Commonwealth Government, requesting consideration of an increase in the rates payable. It is hoped that in the near future an amended scale will be approved, whereby an increased allowance will be payable.

LEGISLATION.

The Tuberculosis Act, 1949, was enacted, to commence from a date to be proclaimed, and provided for the following:—

- (1) Notification by medical practitioners to the Director of Tuberculosis:
- (2) Requiring of persons of specified classes to submit for examination:
- (3) Requiring of individuals to undergo certain examinations:
- (4) Setting up of medical boards in connection with the detention of persons suffering from Tuberculosis.

STAFF.

I wish to record appreciation of the work of the Sanatoria Medical Officers, Drs. J. H. R. Tremayne, A. H. M. Oakes, and G. E. Sibthorpe; of the Chest Surgeon, Dr. J. B. G. Muir; and of the Radiologist, Dr. R. D. McIntosh.

I should also like to thank all members of the staff of the Tuberculosis Division, including office, chest clinics, sanatoria and mass X-ray, for their support and co-operation.

T. H. GODDARD, M.B.,
Director of Tuberculosis.

SECTION IV.—REPORT OF DIRECTOR OF MENTAL HYGIENE FOR SIX MONTHS ENDED 30TH JUNE, 1949.

During the past six months the services of the Division of Mental Hygiene have been maintained to the community and in a number of instances have been extended. Of considerable assistance to the efficient working of the Division of Mental Hygiene has been the transfer of its quarters to six rooms at Waterloo House, Davey Street. This transfer was effected at the end of April. Since this time, the Division has been able to accommodate all its officers as an entirely separate unit. This has resulted in much better cohesion in the work, which was not possible under previous conditions.

There is still an increasing demand for psychiatric clinical work at the public hospitals. As forecast in the report for 1948, clinics at the Royal Hobart Hospital have been increased to five or six sessions per week. At the present time, three clinical assistants, taken from the staff of Lachlan Park and Millbrook Rise, assist by each giving one session weekly. This has proved of considerable value in as much as the Institution Medical Officers have been brought into closer contact with general medicine and also have an opportunity of following up cases discharged from Lachlan Park and Millbrook Rise.

It is anticipated that within the near future a consultant psychiatrist to assist the Director will be appointed to the Launceston General Hospital. In the meantime, the Director is still required to conduct clinics both at Launceston and the North West Coast Hospitals.

Summary of Patients seen at Psychiatric Clinics during Six Months ended 30th June, 1949.

Centre	Clinics	Patients.
Royal Hobart Hospital	119	709
In-patients at Royal Hobart Hospital		80
Launceston General Hospital	18	179
Devon Hospital	6	92
Spencer Hospital	6	43
Public Health Department and others		218
		1,321

Summary of Patients seen by the Psychologist during Six Months ended 30th June, 1949.

Centre.	Clinics.	Patients.
Public Health Department and Royal Hobart Hospital	24	203
Launceston General Hospital	9	79
Devon Hospital	2	10
Spencer Hospital	2	2
Others	14	17
		311

Summary of Activities of Psychiatric Social Worker during Six Months ended 30th June, 1949.

Cases on which work undertaken	113
Homes visited	61
Number of home visits	107
Other visits in connection with cases	74
Cases visited outside Hobart	29
Number of country visits. (These do not include patients interviewed at Lachlan Park or Millbrook Rise)	57
Cases on which one or more relatives interviewed	67
Outside agencies, departments, individuals, &c., contacted	79

Inebriates are still a very great problem. Lachlan Park Hospital has now been proclaimed as a home for inebriates under the Inebriate

Hospitals Act of 1892. It should now be possible to treat the very severe cases more satisfactorily, as a minimum stay of three months is guaranteed. Preliminary efforts have also been made to assist in the formation of branches of Alcoholics Anonymous, but so far not with very outstanding success owing to various difficulties. It is anticipated, however, that branches of Alcoholics Anonymous will be formed in both Hobart and Launceston during the next financial year. Although this will have no official connection with the Division of Mental Hygiene, they will be given the blessings of the Division, and should prove of considerable assistance in taking over the rehabilitation of suitable cases.

CHARLES R. D. BROTHERS, M.D., M.R.A.C.P.,
Director of Mental Hygiene.

APPENDIX IV.

REPORT OF THE CHAIRMAN, MENTAL DEFICIENCY BOARD, FOR SIX MONTHS ENDED 30TH JUNE, 1949.

For the half-year ended 30th June, 1949, there was a total of 196 patients under the Board's control, apart from a large number known to be mentally defective, but not brought under active control because they are already in institutions such as St. John's Park or are adequately cared for by relatives at home. Of these, 22 were new cases taken over by the Board or old patients whose orders had previously lapsed, and who had again come under notice. Five patients had been transferred during this period to the Mental Hospital, and the orders of three had lapsed.

Of the 196, 112 were in institutions, 71 being males and 41 females. Of the remainder, 8 were under supervision, and 76 under guardianship, 31 of these being males and 45 females.

There is still an increasing number of patients being notified to the Board and placed under some form of legal control. This is particularly marked in relation to those defectives brought under notice by the Police Magistrates or Police Department, particularly with regard to male defectives, many of whom are committed for sex delinquencies.

CHARLES R. D. BROTHERS, M.D., M.R.A.C.P.,
Chairman.

APPENDIX V.

REPORT OF THE DIRECTOR, STATE PSYCHOLOGICAL CLINIC, FOR SIX MONTHS ENDED 30TH JUNE, 1949.

During the half-year ended 30th June, 1949, a total of 106 new cases, apart from a number of old cases, was examined by the State Psychological Clinic. Of these, 70 were males and 36 females. The classification of these cases is shown below:—

Vocational guidance was given to 3 males. Emotional guidance was given in the case of 6 males and 5 females, a total of 11. Of the remainder who were examined, 24 males and 8 females were found to be of normal or superior intelligence. Fifteen males and 13 females were of inferior intelligence. Those who were classified as mentally defective were 16 males and 7 females. A further 6 males and 3 females were ascertained to be imbeciles.

Amongst the cases noted above, 12 were referred by the Court, Gaol, Magistrates, or Probation Officers, and by the Children's Court.

The work of the clinic was carried out at Hobart, Launceston, Latrobe and Wynyard.

CHARLES R. D. BROTHERS, M.D., M.R.A.C.P.,
Director of Clinic.

SECTION V.—VITAL STATISTICS SUPPLIED BY THE DEPUTY COMMONWEALTH STATISTICIAN.

Statistical and General.

Population:

Estimated on the 30th June, 1949—	
Males	137,991
Females	131,392
	<hr/>
Total	269,383
	<hr/>
Mean population, 1948-49 (for whole year).—	
Males	136,898
Females	131,361
	<hr/>
Total...	268,259
	<hr/>
Mean population, 1947-8 (for whole year)	261,781
Increase for year	6,478

The mean population of the State, as shown by the figures, reveals an increase of 6,478.

Australian Equivalent Annual Birth-rate for the First Six Months of the Year 1949 per 1000 Persons Living.
(As compared with the previous year and a year in the previous decade.)

	1933.	1948.	First 6 Months. 1949.
New South Wales	16.99	22.19	21.62
Victoria	15.60	22.06	21.25
Queensland	18.14	24.80	24.45
South Australia	15.32	24.11	20.52
Western Australia	17.95	25.12	25.03
Tasmania	19.93	26.38	24.57
Northern Territory	15.23	22.97	31.26
Australian Capital Terri- tory	14.43	39.90	42.68
Australia	16.78	23.08	22.23

Equivalent Annual Death Rate for First Six Months of 1949 per 1000 Persons Living.
(As compared with the previous year and a year in the previous decade.)

	1933.	1948.	First 6 Months. 1949.
New South Wales	8.58	10.04	8.99
Victoria	9.59	10.44	9.53
Queensland	8.84	9.31	8.55
South Australia	8.44	10.25	8.52
Western Australia	8.64	9.10	8.61
Tasmania	9.60	9.55	8.19
Northern Territory	12.55	5.99	8.13
Australian Capital Terri- tory	4.19	6.32	5.28
Australia	8.92	9.96	8.97

1949 rates are based on the average population during January-June, 1949.

Deaths in Relation to Disease.
The following return shows the number and causes of deaths during the first 6 months of the year 1949, also the

equivalent annual death-rate per 10,000 persons living (mean population—financial year—268,259), as contrasted with the previous year, 1948 (mean population—calendar year—estimated at 264,604).

Cause of Death.	Number of Deaths, 1948.	Death Rate per 10,000 persons.	Number of Deaths, First 6 Months, 1949.	Annual Death Rate per 10,000 persons.
General Diseases—				
Typhoid Fever	1	...	...	...
Malaria .....	...	...	...	...
Smallpox .....	...	...	...	...
Measles	7	3	...	...
Scarlet Fever .....	...	...	...	...
Whooping Cough	5	2	...	...
Diphtheria and Croup	1	...	...	...
Influenza	7	3	4	3
Dysentery .....	...	...	...	...
Syphilis	12	5	5	4
Tubercular Diseases	86	3.3	40	3.0
Rheumatic Fever, Rheuma- tism, and Gout	6	2	5	4
Cancer, all forms	294	11.1	156	11.6
Dietic Diseases and Industrial Poisoning .....	...	...	...	...
Other General Diseases	112	4.2	41	3.0
Total General	531	20.1	251	18.7
Local Diseases—				
Diseases of Nervous System...	274	10.4	136	10.1
Diseases of Circulatory System	847	32.0	370	27.6
Diseases of Respiratory Organs	256	9.7	67	5.0
Diseases of Digestive Organs	100	3.8	42	3.1
Diseases of Genito-Urinary System	142	5.4	63	4.7
Diseases of Puerperal Origin..	11	4	5	4
Diseases of the Skin	5	2	...	...
Diseases of Bones and Mal- formations	29	1.0	12	.9
Diseases of Early Infancy	111	4.2	52	3.9
Total Local Diseases	1775	67.1	747	55.7
Deaths Produced by External Causes—				
Accident or Negligence	151	5.7	72	5.4
Homicide	1	...	1	...
Suicide	23	.9	16	1.2
Total External Causes ...	175	6.6	89	6.6
Ill-defined—Not Specific Dis- eases —				
Old Age	46	1.7	20	1.5
Ill-defined Diseases	1	...	1	...
Total Ill-defined Diseases	47	1.7	21	1.5
Total Deaths, All Causes	2528	95.5	1108	82.5

DEATHS from Tuberculosis during the last Ten Years.

	Number.										Death Rate per 100,000 Persons living.											
	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	(a)	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	
Tuberculosis of Respiratory System (No. 13)	85	96	108	93	81	93	97	87	74	34	No.	36	40	45	38	33	38	39	34	28	No.	25
Other forms of Tuberculosis (Nos. 14-22)	18	14	21	20	24	23	21	20	12	9	No.	8	6	9	8	10	9	8	8	5	No.	5
Totals	103	110	129	113	105	116	118	107	86	40		44	46	54	46	43	47	47	42	33		30

(a) 1st 6 months only.

RETURN showing the Number of Deaths from Typhoid during the last Ten Years under Age Groups.

Year	Under 5.	5-10.	10-15.	15-20.	20-25.	25-30.	30-35.	35-40.	40-45.	45-50.	50-55.	55-60.	60-65.	65 and over.	Total all Ages.
	M	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Per-sons
1940...
41
42
43
44
45
46
47
48
49(a)
Totals	2	...	...	1	1	...	...	...	1	...	1	6

(a) First 6 months only.

Typhoid Fever.

Year, 1949. (1st 6 Months).	4
Number of Cases notified	4
Number of deaths, year 1949 (1st 6 months) —	
Males .....	...
Females .....	...

Scarlet Fever.

Year.	Cases.	Deaths	Death rate per 10,000 population.	Cases per 1000 persons living.	Deaths per 1000 Cases notified.	Death % of Cases.
1926	188	1	·05	·88	5·3	0·5
1927	91	2	·1	·43	22·0	2·2
1928	190	1	·05	·88	5·3	0·5
1929	314	2	·1	1·44	6·4	0·6
1930	485	8	·4	2·20	16·5	1·6
1931	265	...	...	1·18	...	...
1932	417	5	·2	1·84	12·0	1·2
1933	370	4	·2	1·61	10·9	1·1
1934	362	4	·2	1·58	11·0	1·1
1935	302	1	·05	1·32	3·3	0·3
1936	478	6	·3	2·07	12·6	1·3
1937	412	2	·1	1·76	4·9	0·5
1938	123	...	...	·52	...	...
1939	162	...	...	·68	...	...
1940	240	1	·04	1·00	4·2	0·4
1941	127	1	·04	·53	7·9	0·8
1942	72	...	...	·30	...	...
1943	92	1	·1	·38	10·9	1·1
1944	149	...	...	·61	...	...
1945	260	...	...	1·04	...	...
1946	231	...	...	·92	...	...
1947	118	2	·1	·46	17·0	1·7
1948	67	...	...	·25	...	...
1949(a)	35	...	...	·26	...	...

(a) First 6 months only.

Diphtheria.

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 1000 persons living.	Deaths per 1000 cases notified.	Death % of Cases.
1926	347	6	·3	1·62	17·1	1·7
1927	507	10	·5	2·38	19·7	2·0
1928	908	18	·8	4·21	19·8	2·0
1929	488	18	·8	2·24	36·9	3·7
1930	573	20	·9	2·59	34·9	3·5
1931	589	19	·8	2·62	32·3	3·2
1932	455	17	·8	1·96	37·4	3·7
1933	706	16	·7	3·14	22·3	2·2
1934	491	22	·9	2·14	44·8	4·5
1935	537	24	1·0	2·34	44·7	4·5
1936	575	20	·9	2·49	34·8	3·5
1937	305	12	·5	1·30	39·3	3·9
1938	343	10	·4	1·46	29·2	2·9
1939	365	14	·6	1·53	38·4	3·8
1940	366	18	·8	1·53	49·2	4·9
1941	401	25	1·0	1·67	62·3	6·2
1942	291	11	·5	1·21	37·8	3·8
1943	370	15	·6	1·53	40·5	4·1
1944	442	10	·4	1·80	22·6	2·3
1945	403	9	·4	1·62	22·3	2·2
1946	256	6	·2	1·02	23·4	2·3
1947	64	...	...	0·25	...	...
1948	60	1	...	0·23	16·7	1·7
1949(a)	15	...	...	0·11	...	...

(a) 1st 6 months only.

